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Number of Pages (including this page)

Date:

November 10, 2005

Examiner: Nguyen, Thuan T..

To:

Art Unit: 2685

Location:

United States Patent and Trademark Office

-83∞

Fax No.:

571-273-2<del>085</del>

From:

Attorney: Benjamin D. Driscoll

Reg. No. 41,571

Subject:

Serial No. 09/823,289 Filed: 3/30/2001

Docket No. BCS03846-04

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## MESSAGE:

Enclosed herewith, please find Amendment in response to Office Action mailed August 10, 2005, Information Disclosure Statement, and Fee Transmittal for filing in the above-identified application.

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NOV 1 4 2005

**EXAMINER:** 

Nguyen, Thuan T.

**GROUP ART UNIT:** 

2685

ATTORNEY DOCKET NO.:

BCS03846-04

| E   | Hective on 12/08/200 | 4                                 | Complete If Known                                      |                          |                          |                       |              |
|---|----------------------|-----------------------------------|--|--------------------------|--------------------------|-----------------------|--------------|
| 1   |                      | lons Act. 2005 (H.R. 4818)        | Application Number                                     |                          | /802 202                 | RECE                  | <b>Vēt</b>   |
| FEE TRANSMITTAL   |                      |                                   | Filing Date  |                          | arch 30, 2001 🕳          | CENTRAL PAX C         |              |
|   | For FY 2005          |                                   |  |                          |                          | NOV                   | ווער         |
| Applicant claims small entity status. See 37 CFR 1.27   |                      |                                   | First Named Invento                                    | <del></del>              | orton Tarr               |                       | , <u>L</u> U |
|   |                      |                                   | Examiner Name  |                          | guyen, Thuan T.          |                       |              |
| TOTAL AMOUNT OF PAYME   | NT /5                | 6) 180                            | Group Art Unit   |                          | 85                       |                       |              |
| METHOD OF PAYN  |                      | ·                                 | Attorney Docket No.                                    | . BC                     | CS03846-04               |                       |              |
|   |                      |                                   |  |                          |                          |                       |              |
| Check   | Credit card          | Money Order                       | None   | Other (plea              | se identify):            |                       |              |
| Eor the abo   | Deposit Ac           | count Number: 502                 | 117 Deposit Account Director is hereby au              | Name: MOT                | OROLA, INC.              | - k . S               |              |
| Charge  | fee(s) indicat       | ed below                          | Charge fee(s   |                          |                          |                       |              |
|   | • •                  | ed below<br>Il fee(s) or underpay |  |                          | overpayments             | the thing ree         | •            |
|   | 7 CFR 1.16 a         |                                   | ments of lea(s)  | △ Credit arry            | overpayments             |                       |              |
| WARNING: Information information and authorize  | on this form may     | become public. Credit c           | ard information should not                             | be included on th        | nis form. Provide ci     | redit card            |              |
|   | -                    | 18.                               |  |                          |                          |                       |              |
| FEE CALCULATION   |                      |                                   |  |                          |                          |                       |              |
|   |                      | D EXAMINATION F                   |  |                          |                          |                       |              |
| FILI  | NG FEES              | Small Entity                      | RCH FEES E<br>Small Entity                             | EXAMINATION              |                          |                       |              |
| Application Type  | Fee (\$)             |                                   | (\$) Fee (\$)  | Fee (S)                  | Small Entity<br>Fee (\$) | Fees Paid (S          |              |
| Utility   | 300                  |                                   | 00 250   | 200                      | 100                      | rees rate 13          | <del>"</del> |
| Design  | 200                  |                                   | 00 50  | 130                      | 65                       |                       | 7            |
| Plant   | 200                  |                                   | 00 150   | 160                      | 80                       |                       |              |
| Reissuc<br>Provisional  | 300<br>200           |                                   | 00 250   | 600                      | 300                      |                       | _            |
| FIGAISIONAL   | 200                  | 100 (                             | 0  | 0                        | 0                        |                       | ك            |
| 2. EXCESS CLAIM   | FEES                 |                                   |  |                          |                          | Small Entity          |              |
| Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 |                      |                                   |  |                          |                          | <u>Fee (\$)</u><br>25 |              |
| Each independent claim of Multiple dependent claims   | ver 3 or, for Reis   | ssues, each Independent           | claim more than in the one                             | ginal patent             | 200                      | 100                   |              |
| Total Claims  | <u>Extra Clain</u>   | 18 <u>Fee (\$)</u>                | Fee Pald (\$)  | Multiple Depe            | 360<br>ndent Claims      | 180                   | ĺ            |
| - 20 or HP<br>HP=highest number of total  |                      | x = =                             |  | Fee(\$)                  | Fee Paid (\$)            | <b>-</b>              |              |
|   |                      |                                   |  |                          |                          | _                     |              |
| Indep. Claims   | Extra Clain          | 7                                 | Fee Paid (\$)  |                          |                          |                       | -            |
| - 3 or HP=<br>HP=highest number of indepe   |                      | x = = =                           |  |                          |                          |                       |              |
| 3. APPLICATION S  |                      | and the second second             |  |                          |                          |                       |              |
| If the specification and dra  | wings exceed 10      | 00 sheets of paper, the ar        | collection size fee due is S                           | 250 (\$125 for sm        | all antity) for each :   | additional 50 chas    |              |
| or fraction thereof. See 35<br>Total Sheets   | D.S.C. 41(a)(1)      | (G) and 37 CFR 1.18(s).           |  |                          |                          | SOUTH OF THE COULDES  | 715          |
| - 100 =   | Exira Sheets         | /50 - Numbe                       | of each additional 50 or fract<br>(round up to a whole | ion (hereof<br>number) x | Fee (\$)                 | Feo Paid(\$)          |              |
| A OTHER FEE(e)  |                      |                                   |  | _                        |                          |                       | İ            |
| 4. OTHER FEE(S)   |                      |                                   |  |                          |                          | Fee Paid (\$)         |              |
| Information Disclosure Sta  | tement               |                                   |  |                          |                          | \$160                 |              |
| -   | <del></del>          |                                   |  |                          | implete (if applicable)  |                       | _            |
| SUBMITTED BY  |                      |                                   |  | Co                       | ново (и аурисали)        |                       |              |
| Name (Рим/Туре)   | Benjamin D           | Driscoll                          | Registration No.                                       | 41,571                   | T-16:                    | 215-323-1840          | _            |
| * ************************************  |                      | R. P. Va                          |  | 1 71,071                 | Telephone                | 2,0-020-10-0          |              |